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## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-015362

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 71Primary Registration District No. 3013Registrar's No. 48

FILED MAY 14 1963

VS 300  
Rev. 4/59

1 6001

2 8030

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Arkansas</u> b. COUNTY <u>Sebastian</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>TOWN Excelsior Springs</u>		Length of stay in 1b. <u>254 days</u>	
c. FULL NAME OF DECEASED (If NOT in hospital, give location) <u>Veterans Administration Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. STREET ADDRESS <u>612 So. F Street</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>WALTER</u> Middle <u>H.</u> Last <u>REYNOLDS</u>		4. DATE OF DEATH Month <u>April</u> Day <u>5</u> Year <u>1963</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>11-24-14</u>
9. AGE (last birthday) <u>48</u>		IF UNDER 1 YEAR Months <u>48</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Truck driver</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Trucking</u>	
11. BIRTHPLACE (City and state or country) <u>Casa, Arkansas</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Benjamin Reynolds</u>		13b. MOTHER'S MAIDEN NAME <u>Electa Jane Bradshaw</u>	
14. NAME OF HUSBAND OR WIFE <u>Opal Reynolds</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>Yes WW II</u>	
16. SOCIAL SECURITY NO. <u>773</u>		17. INFORMANT <u>Opal Reynolds, wife, 612 So. F St. Fort Smith, Arkansas</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Emphysema, obstructive, severe</u>			INTERVAL BETWEEN ONSET AND DEATH <u>4 years</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Fistula of bronchus, left upper lobe, following operation</u>			<u>58 months</u>
DUE TO (c) <u>Pulmonary tuberculosis, far advanced, active</u>			<u>8 years</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Pyelitis, left kidney</u>			PART III. If deceased was female was there a pregnancy in last 90 days <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>-----</u>	
20c. TIME OF INJURY Hour <u>-----</u> a.m. <u>-----</u> p.m. <u>-----</u> Month, Day, Year <u>-----</u>			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>-----</u>	
20f. CITY, TOWN, OR LOCATION <u>-----</u>		COUNTY <u>-----</u> STATE <u>-----</u>	
21. I attended the deceased from <u>July 25, 1962</u> to <u>April 5, 1963</u> Death occurred at <u>11:55</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>R. T. O'KELL</u> (Degree or title) <u>R. T. O'KELL, M.D., Pathologist</u>		22b. ADDRESS <u>Excelsior Springs, Missouri</u>	
22c. DATE SIGNED <u>4-7-63</u>		22d. REGISTRAR'S SIGNATURE <u>Baroline Hutchings</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>	23b. DATE <u>4-7-1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Unknown</u>	23d. LOCATION (City, town, or county) (State) <u>Fort Smith, Arkansas</u>
24. FUNERAL DIRECTOR <u>Prichard Funeral Home, Inc.</u>		25. DATE RECD. BY LOCAL REG. <u>4-7-63</u>	
ADDRESS <u>Excelsior Springs, Missouri</u>		26. REGISTRAR'S SIGNATURE <u>Baroline Hutchings</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

JUN 13 1963

Personal  
General Permit issued 4-7-63. 67.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Lindell Jarman*

Licensed Embalmer No.

*4589*

P. O. Address

*Excelsior Springs, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.